

Hospice Care in 2005—*What it Is and What it Does*

Recently I had the opportunity to suggest hospice care to a parishioner whose husband had been unwell for quite some time. “Oh, NO!” she said. “He’s not ready to give up and die!” Unfortunately that impression is what most folks seem to think when the word “hospice” is mentioned. Also, unfortunately, it couldn’t be farther from the truth.

Our modern USA Hospice program (and we are talking here about hospice as provided under Medicare) is very involved in palliative care. Palliative care is care that is provided when a patient has a problem that can’t be fixed. We all know people who have medical problems where no amount of drugs, lab tests, X-rays, MRIs or repeat hospitalizations are doing any good. Those are the ones who are probably candidates for hospice care.

Question: “But I thought you were supposed to die within six months.” Answer: It is true that your doctor signs a certification that given his best judgment, you are likely to die within the next six months. Does this mean you ARE going to die within six months? Absolutely not. In fact, as a Certified Hospice and Palliative Nurse, my personal best is a patient I cared for over a five year period. What people need to focus on rather than an artificial “death sentence,” is what hospice care can do for the patient. Remember, under Medicare, this care is absolutely free and in the Coachella Valley is provided in the patient’s home. The patient doesn’t have to move anywhere.

Hospice provides a team approach and hospice team members are experts in symptom management. By this I mean they are very knowledgeable about pain control and control of other vexing physical symptoms such as nausea, constipation, shortness of breath, anxiety, and a host of other problems.

Who is on this “team”? Your own doctor, for one. hospices also have medical directors—most of them are either oncologists or internal medicine doctors who are very aware of the Hospice philosophy. Each patient has a case manager RN who is a Hospice specialist and visits at home as often as necessary. Each patient has a personal care attendant who also visits at home as



often as necessary—for bathing, light housekeeping or whatever is needed. Each patient has a social worker who helps with any legal or caregiving issues, among other things. Each patient has a chaplain who can visit or make contact with the patient’s own spiritual advisor if desired. And each patient and family may choose to have a volunteer assigned to help with various activities, such as running errands or just socialization.

“He’s not ready to give up and die”

Hospice provides many other good things. For example, if the patient needs equipment, that is provided. Equipment means such things as a wheelchair, a walker, a hospital bed, a special mattress to prevent bedsores, oxygen, a shower chair, etc. These are delivered to the home and set up, and again there is no charge.

Hospice also provides needed medications for the patient (at no charge), as long as the drugs are needed to treat the problem for which the patient is admitted to Hospice. This always includes pain and other symptom management medicines. These drugs will be delivered to the home or, in some cases, may be picked up at the local pharmacy.

Hospice is available 24/7—always a nurse on call, always a doctor on call. All hospice asks is that the patient refrain from using 9-1-1 and stop running back to the hospital or having a bunch of lab tests and X-rays. Reasonable thinking—if what the patient has can’t be fixed, then why all those tests?

Let’s keep this patient comfortable in his or her own home. Let’s let the patient get on with life to the best of his ability. Go on a cruise if he is able. Play a little golf. Quit obsessing about dying and do a better job of living. Hospice can help with that.